

Appendix 7: Medicaid Reform Ideas for Further Study

- Guarantee prompt (direct) reimbursement to clients and providers for any eligible expenses incurred during any delays in eligibility or periods in which the individual met all other periods that the client met all eligibility requirements, but for submission of an application (with a reasonable time limit), or if the client was required to self-pay, regardless of whether the service/supply was provided by a authorized Medicaid provider (e.g. hiring a neighbor for home care v. an agency).
- Require all Medicaid recipients to have needed care coordination that includes prescription coordination and management, including medication review of new and continuing prescriptions.
- Provide consumer training and education to allow consumers to identify savings in their own care and potentially provide incentives for doing so.
- Pursue strategies for providing more reliable transportation, including funding strategies for Medicaid recipients that address inter-agency conflicts.
- Combine waiver programs where appropriate (e.g. waivers with similar benefits thus saving on admin costs).
- Support strategies to increase access to home based care in a cost effective way, so that people currently hospitalized (example vent dependent kids) can go home- and receive adequate care in the community. Results in long term savings.
- Investigate stipend respite care as a benefit for eligible waiver participants. (Saves money because people can go home from hospital).
- Look at pooling DME purchasing. Can we purchase DME more cheaply or use equipment more efficiently? Set aside funding to help with this- example of potential savings is permitting recycling of wheelchairs, etc.
- Create consumer-directed program for supplies. For example, Medicaid enrollees can buy Depends much more cheaply over the counter in the market place than through a Medicaid supply company.
- Create new program for care coordinator to facilitate getting people transitioning out of corrections or the foster care system on to SSI and Medicaid as appropriate.
- Study how to provide health management and care coordination for foster care children.
- Facilitate transition to services for those on Medicaid aged 18-21, particularly across multiple systems.
- Assist veterans transitioning from VA medical Services to DDS and SSI
- Simplify and standardize entry into all HCBS programs.

- Integrate systems so that mental health, education, and human services all work together to get appropriate services to children particularly when a child needs institutional care. Long term savings in getting appropriate care to kids when they need it.
- Integrate mental health reform with health care reform. Look at the other recommendations for mental health coming from interim committees and DCCO.

Generally eliminate prior authorization requirement for over-the-counter products costing less than \$100, with appropriate utilization review.